



MONTANA

Alcoholic Beverage/Gambling Operator Combined License Application

This booklet contains all the forms and instructions for applying for an Alcoholic Beverage and Gambling License.

Also available on our websites.
www.doj.mt.gov and www.mt.gov/revenue

Table of Contents

Section I, General Information	Pages 1 - 2
Section II, Ownership Information	Pages 3 - 5
Section III, Financial Information	Pages 6 - 11
Section IV, Premises Information	Pages 12 - 14
Section V, Liquor Information	Pages 15 - 16
Section VI, Alcoholic Beverage Temporary Authority	Page 17
Section VII, Declaration and Affidavit	Page 18

Return to:

Montana Department of Justice
Gambling Control Division
2550 Prospect Ave. - P O Box 201424
Helena, MT 59620-1424



Phone: (406) 444-1971
Fax: (406) 444-9157
www.doj.mt.gov



Notice To Applicant

See instructions in this booklet before completing the application.

When filling out this application, complete the form in its entirety. The application must be completed in any ink (except red) or be typewritten. Delay, denial or the return of the application will result if incomplete. The information in this application is meant to assist you in completing this application. It is not a substitute for a careful examination of the gambling/liquor laws, rules and the rights or obligations arising out of applying for liquor/gambling licensure, or for seeking, where individual circumstances warrant, the independent advice of an attorney.

Once the application is completed, submit the original application and all required documents to the above address.

This application is also available on the website at
www.doj.mt.gov and www.mt.gov/revenue

Processing an application generally takes three to four months based upon the Department's determination of receipt of a complete application and no deficiencies or protests are received. You will be notified by the Gambling Control Division (DOJ) Licensing Section upon receipt of your application and given a contact name. You will be notified when a decision regarding the application has been made.

State of Montana
Alcoholic Beverage/Gambling Operator
Combined License Application

Form 30

**Gambling Licensing
Fee Schedules**

Office Use Only

License No.: _____
Check No.: _____
Fee Paid: _____
Additional Fees: _____
Refund: _____

1. Gambling Operator Licenses

Processing fee:

\$ 300 if the applicant is a nonprofit organization;
\$ 800 if the applicant is a sole proprietorship; or
\$ 1,000 if the applicant is a partnership or corporation.

Note: A new gambling operator licensee application is subject to a processing fee to cover the actual cost of conducting a background investigation to determine whether an applicant qualifies for licensure.

Based on the actual cost incurred by the Gambling Control Division in processing the license, the division will refund any overpayment of the fee or collect an amount sufficient to reimburse the division for any underpayment of actual costs. The Division will provide the applicant with an itemized accounting of expenses.

**Alcoholic Beverage
Fee Schedules**

Office Use Only

License No.: _____
Check No.: _____
Fee Paid: _____
Additional Fees: _____
Refund: _____

2. Alcoholic Beverage Licenses

Processing Fee: \$200 (All Applications)

Check all appropriate boxes below:

3. Liquor License Fee

Liquor License

- ☐ On-Premises Beer - \$200 (if new)
☐ On-Premises Beer/Wine - \$400 (if new)
☐ All-Beverage - \$400-\$800 (if new and depending on location and population)

Nationally Chartered Veterans Organizations

- ☐ On-Premises Beer - \$50
☐ On-Premises Beer/Wine - \$250
☐ All-Beverage - \$250 to \$650 (depending on location and population)

4. Catering Endorsement

- ☐ Catering (\$200 beer/wine and \$250 all beverage)

5. Restaurant Beer/Wine

- ☐ Annual License Fee - \$400
☐ Seating of 60 or less - \$5,000
☐ Seating of 61 to 100 - \$10,000
☐ Seating of 101 or more - \$20,000

National Fraternal Organizations

- ☐ On-Premises Beer - \$200
☐ On-Premises Beer/Wine - \$400
☐ All-Beverage - \$400 to \$800 (depending on location and population)

6. Secured Party

- ☐ Secured Party Addition - \$20
☐ Secured Party Termination - \$10

Resort License

- ☐ All-Beverage Annual Fee - \$2,000
☐ All-Beverage Original Licensee Fee - \$20,000

Golf Course Beer/Wine

- ☐ Annual License Fee - \$400
☐ Initial Application Fee - \$20,000 (For Profit Entities only)

Enter the amount due from the corresponding schedules above.

1. Gambling License Processing Fee	\$ _____
2. Alcoholic Beverage Processing Fee	\$ _____
3. Liquor License Fee	\$ _____
4. Catering Endorsement Fee	\$ _____
5. RBW Seating Fee	\$ _____
6. Secured Party	\$ _____
Total	\$ _____

Staple Payment Here

Make payment payable to the "Gambling Control Division"

Check The Appropriate Boxes To Designate The Purpose Of This Application

Alcoholic Beverage

- ☐ New Alcoholic Beverage License Application
- ☐ Existing Alcoholic Beverage License; Transfer Of Ownership Application
- ☐ Existing Alcoholic Beverage License; Corporate Structure Change
- ☐ Existing Alcoholic Beverage License; Transfer Of Location Application
- ☐ Existing Alcoholic Beverage License; Death of Licensee

Designate The Type Of License Of Your Application:

- ☐ On-Premises Beer
- ☐ On-Premises Beer/Wine
- ☐ All-Beverage
- ☐ Restaurant Beer/Wine
- ☐ Resort License

Gambling

☐ New Gambling

(An owner of an interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.)

☐ New Gambling - No Alcoholic Beverage License is Required for Live Keno/Bingo.

☐ Amended Gambling License Application – (Note: No fee is required for this application)

(An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.)

- ☐ Existing Gambling License Change Among Existing Corporate Shareholder(s)
- ☐ Existing Gambling License Change Among Existing Partners or LLC/LLP Members

- ☐ Existing Gambling License Deletion of Owner(s)
- ☐ Existing Gambling Location Change Application
- ☐ Existing Gambling License Type Change Application
- ☐ Other - (Explain) _____

Section I

General Information

Print Or Type

Name of Applicant: _____
(Sole Proprietor/Partnerships/Corp./LLC/LLP)

Business/Trade Name: _____
(Doing business asAssumed business name must be filed with the Secretary of State's office.)

Mailing Address: _____
(Box or Street)

Address of Premises to be Licensed: _____
(Street, Suite No., Building No.)

City / State / Zip Code: _____ / _____ / _____

Business Phone / Cell Phone: (_____) _____ / (_____) _____
Business Cell

Fax: (_____) _____

Federal Tax I.D.: _____ ☐ Check if applied for but not yet received.

Alcohol Beverage License Number: _____ - _____ - _____ - _____
(N/A if not applicable)

Are the premises for licensing located:

- ☐ Within the boundaries of an incorporated city/town (Gambling Licensing.)
- ☐ Within a distance of five miles of an incorporated city/town (Liquor Licensing.)
- ☐ Within an unincorporated city/town or outside the boundaries of and more than five miles distance from any city/town whether incorporated or unincorporated (Liquor Licensing.)

_____ in County of _____
City Name County Name

Section II

Ownership Information

A. The applicant is a: Check appropriate box

- ☐ **Individual(s) / Sole Proprietor(s); List all owners in Section II, Subsection "C"**
- ☐ **Partnership; List all general and Limited Partners in Section II, Subsection "C"**
(Attach copy of Partnership Agreement: Newly Formed Partnerships-Copy of Application/Certificate for Registration of the Partnership filed with Sec. of State's Office, Existing Partnerships - Copy of Renewal of Partnership filed with Sec. of State's Office and Release of Information, (Form 1), in the partnership name.)
- ☐ General ☐ Limited
- ☐ **Limited Liability Company, List of members in Section II, Subsection "C"**
(Attach a copy of the Articles of Organization as filed with the Montana Secretary of State's Office; organization minutes; a copy of the Certificate of Fact; and other member agreements and an Authorization for Examination and Release of Information, (Form 1), in the Company's name.)
- ☐ **Charitable or Non-profit Organization qualified under 26 U.S.C 501 (c)(3), (c)(4), (c)(8) or (c)(19); List all officers/directors and gambling managers in Section II, Subsection "C"**
(Attach a copy of IRS Letter of Non-profit designation and an Authorization for Examination and Release of Information, (Form 3), in the non-profit organization name.)

If applicant is a charitable, religious, veterans' or fraternal organization, when are new officers elected?

Date: _____

- ☐ **Retirement home or nursing home. List all officers/directors and gambling managers in Section II, Subsection "C"**
- ☐ **Corporation; list all shareholders, officers and directors in Section II, Subsection "C"**
(Attach copy of Articles of Incorporation, By Laws, Certificate of Incorporation; Certificate of Existence or Authority to do Business in Montana; all organizational minutes; share issuance records; copies of share certificates and an Authorization for Examination and Release of Information, (Form 1), in the corporate name.)
- **Check Type of Corporation:**
- ☐ C Corporation
- ☐ Subchapter S
- ☐ Publicly Held (Registered with the Securities & Exchange Commission and Traded on a National Stock Exchange)
- **State in which Incorporated:** _____ **Date Incorporated:** _____
- **Is the corporation registered with the Montana Secretary of State to do business in Montana?**
- ☐ Yes ☐ No ☐ N/A
- **Is the corporation in good standing with the Secretary of State?**
- ☐ Yes ☐ No If No, explain: _____
- **Identify address where corporate organization records are maintained.** _____

Management Information

B. Provide the following information for each management employee. Attach management agreement if applicable:

☐ Gambling ☐ Alcoholic Beverage ☐ Both ☐ N/A

Name	Address	Phone	Date of Birth	Social Security Number	Salary

Note: Each individual listed above must submit with this application a personal history statement, Form 10, Authorization for Examination and Release of Information (Form 1) and a completed Fingerprint Card.

C. Provide the information requested below for each:

Check appropriate box (Use additional paper if necessary)

- | | |
|---|--|
| <input type="checkbox"/> Individual/Sole Proprietor
<input type="checkbox"/> General or <input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Company (Member of...)
<input type="checkbox"/> Officer of a Corporation
<input type="checkbox"/> Director of a Corporation
<input type="checkbox"/> Shareholder of a Corporation
<input type="checkbox"/> Shareholder owning 5% or more of the stock of a publicly traded corporation
<input type="checkbox"/> Person(s) and/or committee managing the gambling activity under a 26 U.S.C. 501 (c)(3), (c)(4),(8) or (c)(19) organization | <input type="checkbox"/> Person(s) holding an option to purchase the business or any interest in the business
<input type="checkbox"/> Other
<input type="checkbox"/> Check this box if ownership in the liquor license is also held as Joint Tenants with Rights of Survivorship (JTROS)) or Tenants in Common (TEN COM) and make certain each individual with rights of survivorship or common are listed below.
JTROS _____ or TEN COM _____ |
|---|--|

Legal Name (First, M.I., Last)	Address	Title	Date of Birth	Social Security Number	Percentage of Ownership	Number of Shares

Note: Each individual listed above must submit with this application a personal history statement, (Form 10), Authorization for Examination and Release of Information, (Form 1.) and a completed Fingerprint Card. Use additional sheet of paper if necessary.

I hereby request smoking exception and affirm that 60% of the revenue generated by this business will be from the sale of liquor and/or gambling. ☐ Yes

I do not request smoking exception. ☐ No

D. Charitable, Religious, Veterans' or Fraternal Organization

If the applicant is a charitable, religious, veterans' or fraternal organization, complete the following information.

If not applicable indicate: ☐ N/A

- Date qualified for exemption under 26 U.S.C. 501 (c)(3), (c)(4), (c)(8) or (c)(19):

Month _____ Day _____ Year _____

- **Date local charter issued or post organized:**

Month _____ Day _____ Year _____

- **Has national organization been in existence for a period of five years prior to January 1, 1949?**

☐ Yes ☐ No

- **Provide Address of National Headquarters:**

(Street Address)

_____/_____/_____
(City) (State) (Zip)

- A copy of your organization or post charter must accompany this application.

- **Location of Gambling Premises:**

(Street Address)

_____/_____/_____
(City) (State) (Zip)

- **How many days, per year, is gambling conducted at this location?** _____ Days.

Section II

Ownership Information Checklist

To ensure you complied with the attachment requirements, the following checklist is provided for all entities.

Note: Failure to provide all applicable documentation will delay the processing of this application.

- ☐ Copy of Partnership Agreement documentation.
- ☐ Copy of Charitable/Non-profit 26 U.S.C. 501 Status
- ☐ Copy of Articles of Incorporation and Amendments or Addendums thereto
- ☐ Copy of Bylaws and Amendments or Addendums thereto
- ☐ Copy of Certificate of Fact - (LLC's and LLP's)
- ☐ Copy of Stock Certificates, All Corporate Minutes and Attachments thereto, Stock Ledger or Register and Limited Liability Company Organizational Information
- ☐ Copy of Certificate of Existence (for Montana corporations)
- ☐ Copy of Authority to conduct Business in Montana (for out-of-state corporations)
- ☐ Copy of documentation from the Secretary of State's office showing that the Secretary of State has approved the use of the assumed business name.
- ☐ Authorization for Examination and Release of Information
 - Form 1 - All Operator License Applications (Excluding Non-profit Organization)
 - Form 3 - Non-profit Organizations Only
- ☐ Personal History Statement(s) (Form 10)
- ☐ Fingerprint Card
- ☐ Other, if Applicable

Management Information Checklist

To ensure you complied with the attachment requirements, the following checklist is provided for all entities.

Note: Failure to provide all applicable documentation will delay the processing of this application.

- ☐ Copy of Employment, Management and Other Agreement(s) and Contract(s). If you are applying as a corporation, and the officers and/or directors are the managers, their duties must either be covered in the corporate minutes or provide a management agreement.
- ☐ Authorization for Examination and Release of Information (Form 1)
- ☐ Personal History Statement(s) on all Management Personnel (Form 10)
- ☐ Fingerprint Card

Section III

Financial Information

A. Financial Or Ownership Interest:

(Use additional paper if necessary.)

1. Does any person listed in Section II, Subsection "C" have a financial or ownership interest in any other gambling or alcoholic beverage enterprise?

Alcoholic Beverage If yes, identify below.

☐ Yes ☐ No

Gambling If yes, identify below.

☐ Yes ☐ No

Individual(s) Name	Name of Enterprise	Address

2. Do any of the individuals listed in Section II, Subsection "C" have family members with a financial or ownership interest in any other gambling activity or alcoholic beverage enterprise? (Include spouse, parents, children, brothers/sisters)

Alcoholic Beverage If yes, identify below.

☐ Yes ☐ No

Gambling If yes, identify below.

☐ Yes ☐ No

Individual(s) Name	Name of Enterprise	Address	Indicate Alcoholic Beverage/Gambling

3. Do any persons or entities, other than those listed in Section II, Subsection "C", have any financial or ownership interest in, derive income from, or have liabilities associated with the business proposed for licensing?

(The list must include, but is not limited to, any person or entity who has a right to share in the profits or has responsibility for a financial obligation associated with the gambling or alcoholic beverage operation (including, assignees, landlords, etc.) or to whom any interest or share of profits has been pledged as security for the performance of a contract or sale related to the business proposed for licensing. Do not include applicant's route operator if the only interest the route operator has is through a lease of vending/gambling machines.)

Alcoholic Beverage If yes, identify below.

☐ Yes ☐ No

Gambling If yes, identify below.

☐ Yes ☐ No

Individual(s) Name	Name of Enterprise	Address

4. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever been issued a gambling or alcoholic beverage license by any other agency, state, nation or jurisdiction?

Alcoholic Beverage If yes, identify below.

☐ Yes ☐ No

Gambling If yes, identify below.

☐ Yes ☐ No

Individual(s) Name	Type of License	License Number	State/City/County Country/Date

5. Does the applicant, or any member of the applicant's immediate family, have any affiliation with, or financial interest in, the operation of any brewer, distiller, manufacturer, bottler or distributor of alcoholic beverages?

☐ Yes ☐ No If Yes, list information below:

Name	Address/City/State/Zip

6. Does the individual or individuals that comprise the applicant have any financial or ownership interest in a retail liquor store?

☐ Yes ☐ No If Yes, list information below:

Name	Address/City/State/Zip

7. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever been denied an alcoholic beverage or gambling license or had adverse action taken against an existing license by any agency, state, nation or jurisdiction? If yes, describe in detail the nature of the violation and resulting adverse action.

Fined ☐ Yes ☐ No _____

Denied ☐ Yes ☐ No _____

Suspended ☐ Yes ☐ No _____

Revoked ☐ Yes ☐ No _____

Other Action or Action Pending ☐ Yes ☐ No _____

If Yes, list agency, location and date when license action was taken.

Individual(s) Name	Type of License	License Number	State/City/County Country/Date

8. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever filed for or been involved in bankruptcy (other than as a creditor)?

☐ Yes ☐ No If Yes, explain current status: _____

9. Provide the following information for all of the applicant's operating, investment or any other business account(s).
(Example: saving and checking accounts)

Institution Name	Address	Phone	Account No.	Signatory(s)

10. Provide the following information for each outstanding loan and/or financial obligation (institutional or non-institutional) obtained or used for the purpose of operating/purchasing this business.

(Submit signed copies of all loans/agreements/contracts/notes/letter of commitment, and all related security agreements, guarantees and trust indentures. Note: NIL Form 13 must be filed with the application if any lenders or other sources of financing are not state or federally regulated financial institutions. All non-institutional lenders or sources of financing must also file a personal history statement, authorization for examination and release of information and a completed Fingerprint Card. If necessary, list additional sources of financing on a separate piece of paper.)

☐ N/A Check, if not applicable.

Creditor Name	Creditor Address	Loan Amount	Loan Number	Date Acquired	Date Due

11. Complete the following source of funding questions: ☐ N/A Check, if not applicable.

a. Total transaction/purchase price for real and personal property associated with the proposed licensed business:

\$ _____

b. Total amount paid at closing on the transaction listed in line a:

\$ _____

c. Earnest money deposit / down payment:

\$ _____

d. Balance due in contractual payments regarding the transaction listed in line "a" minus the monies line "b" and "c":

\$ _____

e. List each source of funding for the amount listed in line "b" and "c".

Amount	Source
\$	
\$	
\$	
\$	

Note: Provide verification of source (i.e. checking, savings account, investment, etc.)

12. Has the applicant filed a state and/or federal income tax return for the business?

☐ Yes ☐ No If Yes, submit a signed copy of applicant's most recent filed state and federal income tax returns.

Attach a copy of the applicant's most recent financial statements reflecting the business operation for which the application is being submitted. If the business is prospective or has been operating for less than one year, a balance sheet and an income statement must be estimated. Failure to supply adequate financial information will result in delay, denial or return of this application. You must include:

- a. A Balance Sheet (listing all assets, liabilities and owner equity in the business)
- b. An Income Statement (list amounts and types of income and expenses for the business.) If you are requesting a smoking exception and converting a location from non-smoking to smoking, changing locations, or applying for a newly issued quota liquor license there must be sufficient detail in the estimated income statement to be able to establish projected liquor and/or gambling sales meet requirements for the smoking exception.

13. Are there any persons or business entities, that have an option to purchase any share of the business or property?

☐ Yes ☐ No If Yes, complete the following:

Seller	Purchaser

Note: Submit a copy of option agreement.

B.

IMPORTANT NOTE:

Does the applicant own the building proposed for licensing?

- ☐ Yes If yes, provide evidence of ownership, i.e., tax statement or deed and any other associated documents.
☐ No If no, provide a current or proposed lease, rental or current or proposed purchase agreement showing the applicant has authority to operate in this location, including any other associated or related documents.

Name all Persons or Entities Listed on:

1. Lease Contracts: ☐ N/A

The Gambling Control Division will not approve a lease which provides for payment of a percentage of business revenue to any Lessor, except for a video gambling machine location agreement.

Lessor	Lessee

Note: Submit a copy of all lease and related security agreements associated with the business proposed for licensing.

2. Purchase Agreements: ☐ N/A

Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, and all bills of sale, deeds or other documents reflecting title transfer of assets purchased.

Seller	Purchaser	Terms

3. Escrow Accounts: ☐ N/A

Submit copies of all escrow agreements and supporting documents.

Escrow Agent	Payee	Beneficiary

C. Licensed Business Asset Ownership:

Does any person or entity other than the applicant own any assets associated with the licensed operation?

☐ Yes ☐ No If Yes, complete the following:

Assets Approximate Value	Owner(s)

Note: Ownership of an asset utilized in the licensed business by any person or entity other than the applicant requires submission of a written lease and identification of the lease relationship in Section III, Subsection "B."

D. Will There Be Video Gambling Machines Located On The Licensed Premises?

☐ Yes ☐ No If Yes, identify who owns or will own these machines.

Name	Address/City/State/Zip

1. Is there or will there be a written location/machine contract and/or agreement?
☐ Yes ☐ No If Yes, provide a copy of the location/lease/rental agreement(s).
2. Does any person or entity lease or manage a gambling activity on the licensed premises?
☐ Yes ☐ No If Yes, identify who and what activity.

E. Will There Be Live Card Games On The Premises?

☐ Yes ☐ No ☐ Not at this time If Yes, identify who will operate the live card game if other than the licensee.

Name	Business	Address

Note: A live card permit is necessary to operate live card games on the premises.

1. Will the person(s) named above be entitled to receive any portion of profits from the operation of the live card games?
☐ Yes ☐ No ☐ Not at this time If yes, the person named above must be licensed by the Gambling Control Division as a Cardroom Contractor prior to operation of the live card game.

F. Record Keeping:

a. Who maintains the applicant's financial business records? (Full Name, Address, Phone)

b. Who prepares the tax returns, government forms and reports for the applicant? (Full Name, Address, Phone)

c. Where are the financial books and records for the applicant's business kept? (Address, Phone)

G. Are there any unsatisfied civil judgments against the applicant or any persons or entities listed in Section II, Subsection "C" at this time?

☐ Yes ☐ No If Yes, explain.

H. Has the applicant or any persons or entities listed in Section II, Subsection "C" ever been a party to a lawsuit, either as a plaintiff or defendant, if so, provide a detail of each.

☐ Yes ☐ No If Yes, explain.

Section III

Financial Information Checklist

To ensure you complied with the attachment requirements, the following checklist is provided for all entities.

Note: Failure to provide all applicable documentation will delay the processing of this application.

- ☐ Copy of Loan of Agreement(s), Contracts and Notes and All Related Security Agreements
- ☐ Copies of Lease, Rent, Purchase Option and Financing Agreements or other evidence of ownership (must provide documentation of any possessory interest in property where the business is operating)
- ☐ Financial Statement(s) (Example: Balance sheet and income statement or tax return for the business)
- ☐ Purchase/Transfer Documents
- ☐ Copy of Bank Signature Card for Business Bank Account
- ☐ Authorization for Examination and Release of Information, Form 13 - Non-institutional Lender Only
- ☐ Personal History Statements for Non-institutional Lender Only
- ☐ Fingerprint Card
- ☐ Other, if Applicable

Section IV

Premises Information

A. Does the applicant's premises: (Use additional paper if necessary)

1. Have permanently installed walls extending from floor to ceiling?
☐ Yes ☐ No
2. Have a distinct address?
☐ Yes ☐ No
3. Share an address with another business?
☐ Yes ☐ No
4. Have a public external entrance that is not shared with another premises for which a gambling operator license has been issued?
☐ Yes ☐ No
5. Share a common internal wall with another premises to which a gambling operator license has been issued?
☐ Yes ☐ No If Yes, explain and submit copy of the floor plan.

B. Describe where the premises is located:

1. Are the entrance doors of the premises proposed for licensing on the same street and within 600 feet of the entrance doors of a building occupied exclusively as a church, synagogue or other place of worship or school (except a commercially operated or post secondary school)?
☐ Yes ☐ No
2. Is the premises located within 150 feet of another premises licensed for on-premises alcoholic beverage consumption? (As defined in 23-5-629 MCA)
☐ Yes ☐ No If yes, answer all the following questions:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the second premises already have a permit for placement of video gambling machines?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a structural walkway between the two premises?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the second premises licensee affiliated with the applicant?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there an immediate family member related to the applicant within the ownership structure of the second premises licensee?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do the two licensed premises share any common management personnel?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Would the applicant be considered a parent or subsidiary business entity to the second licensee?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does any person or entity within the ownership structure of the applicant share a commonality of business interest with any other person or entity within the ownership structure of the second licensee?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any contractual agreements or financing agreements between the applicant and the second licensee?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any investors common to the applicant and the second licensee?

C. Is the premises within any defined zones:

1. Where the sale of alcoholic beverages is restricted by city or county zoning ordinance?
☐ Yes ☐ No
2. Where gambling is restricted by city or county zoning ordinance?
☐ Yes ☐ No

D. Is the building ready for use for an alcoholic beverage business: ☐ Yes ☐ No

1. Is this a newly constructed premises?
☐ Yes ☐ No If No, indicate an estimated date of occupancy _____
2. Is this a remodel of an existing premises?
☐ Yes ☐ No If Yes, indicate an estimated date of completion _____

E. Submit a copy of the floor plan area to be licensed, using approximate dimensional measurements, including external dimensions and general layout – on an 8-1/2" x 11" sheet of paper and number of tables and chairs indicated. If you are applying for a restaurant beer and wine license, be sure the floor plan has the service bar area clearly designated thereon.

Note: On the floor plan you will need to clearly mark the areas where alcohol will be served, stored and consumed. The floor plan must contain outside dimensions, the name of the establishment, physical address, liquor license number (if applicable) and date of submittal.

Section IV

Liquor-Premises Information Checklist

To ensure you complied with the attachment requirements, the following checklist is provided for all entities.

Note: Failure to provide all applicable documentation will delay the processing of this application.

- ☐ Copy of Floor Plan
- ☐ Zoning Documents
- ☐ Other, if applicable
- ☐ Copy of Survey Affidavit (Required for new license and transfer of location)

Section V

Restaurant Beer/Wine License

- Do you agree to serve beer and wine only between the hours of 11:00 a.m. and 11:00 p.m. and only to a patron who orders food?
☐ Yes ☐ No ☐ NA
- Do you understand that under a restaurant beer and wine license beer and wine may not be sold for off-premises consumption?
☐ Yes ☐ No ☐ NA
- Do you understand and acknowledge that issuance of a restaurant beer and wine license prohibits issuance of a license to conduct any gambling activity on the licensed premises?
☐ Yes ☐ No ☐ NA
- Do you understand and agree to maintain a service bar? A service bar means an area where alcoholic beverages are stored and prepared for table service delivery to patrons for on-premises consumption. Consumption of alcoholic beverages by patrons or any other person is not permitted at the service bar.
☐ Yes ☐ No

Wine Amendment for On-Premises Beer License

- Do you operate a restaurant or prepared food business?
☐ Yes ☐ No ☐ N/A If Yes, explain and submit a menu

- Do you have a minimum of 12 seats at tables or booths?
☐ Yes ☐ No ☐ N/A If No, explain present arrangement

("Restaurant" means a public eating establishment allowing for seated service for a minimum of 12 persons at tables or booths where the sale of food is served and prepared on site. A "Prepared Food Business" means a restaurant, except the food need not be prepared on site.)

Catering Endorsement

- Do you wish to add a catering endorsement to the All-Beverages License?
☐ Yes ☐ No ☐ Existing ☐ NA
- Do you wish to add a catering endorsement to an On-Premises Consumption Beer/Wine License?
☐ Yes ☐ No ☐ Existing ☐ NA

Section V

Information Checklist

To ensure you complied with the attachment requirements, the following checklist is provided for all entities.

Note: Failure to provide all applicable documentation will delay the processing of this application.

- ☐ Restaurant Beer/Wine Section Completed if Applicable
- ☐ Wine Amendment Completed if Applicable
- ☐ Catering Information Completed if Applicable
- ☐ Alcoholic Beverage Temporary Authority Completed if Applicable
- ☐ Copy of Menu(s)
- ☐ Other, if Applicable

Section VI

Alcoholic Beverage Temporary Authority

A. Please indicate whether or not you wish to have alcoholic beverage temporary authority issued.

☐ Yes

☐ No

Liquor License No. _____

Temporary Authority cannot be granted on an alcoholic beverage transfer of location or issuance of a new license. If an alcoholic beverage Temporary Authority is granted before a gambling license application is approved, all current gambling activities at the establishment must cease until a gambling license application is approved.

The undersigned requests authority to operate pending final approval of the transfer. The undersigned agrees that during the period of Temporary Operating Authority, the applicant shall be responsible for all beer and wine purchased pursuant to Montana Code Annotated §16-3-243 (the seven-day credit limitation). Temporary Authority will be immediately revoked if any employees or I violate any provisions of Title 16, Montana Code Annotated or the department rules.

Signature of Applicant

Date

I would like Temporary Authority issued on _____
Date

To Be Completed By Recorded Owner/Current Licensee:

I authorize Temporary Operating Authority be granted to the applicant by the Department of Revenue, pending final approval of this application. I understand the applicant may not operate until Temporary Authority has been granted. I understand Administrative Rule of Montana 42.12.208 states in part "Any proposed fine, suspension or revocation arising out of a violation will be assessed against and is the responsibility of the recorded owner of the license."

Signature of Recorded Owner/Current Licensee

Date

Section VII

Declaration and Affidavit

I declare under the penalties of false swearing and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation mailing this application and that I examined the application, including any accompanying information, and that the responses are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

STATE OF MONTANA)
)
County of _____)

_____, being duly sworn, if for himself or herself, deposes and says, that he/she is the applicant above named; or that he/she is the _____(officer, shareholder, member) of the above named corporation, partnership, LLC or LLP and has read the foregoing application and attachments and that he/she knows the contents thereof, and that all matters and things therein set forth are true and correct.

Print Full Name

Signature

Date

Notary Seal

On this _____ day of _____ 20 _____
 Personally appeared _____
 Before me a Notary Public for the State of _____
 _____ (Notary Signature)
 _____ (Print Name of Notary)
 My Commission Expires _____ (Month, Day & Four Digit Year)

This application must be completed in full, and all requested attachments must accompany it. Delay, denial or the return of the application will result if incomplete.

Additional Information May Be Required During the Investigation of Your License Application